

## ODHS Child Welfare School Notification

Date: \_\_\_\_\_

RE: School notification for:

Student's legal name: \_\_\_\_\_

Student's preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

To: school district foster care point of contact: \_\_\_\_\_

Grade level: \_\_\_\_\_

School of origin: \_\_\_\_\_

Initial notifications  Update

Termination of ODHS custody/discontinue transportation

This letter is to inform you that the above-named child has had the following action occur with ODHS, Child Welfare.

Check all that apply:

ODHS CW foster care and custody

Education records request

Placement with parent(s) with ODHS custody

Child moving out of school district

Foster placement change

Voluntary placement

School of origin transportation request  
(Please attach form)

Inter-state compact case (ICPC) placement from out of state

Best Interest finding made by Juvenile Court to change school of origin

Date: \_\_\_\_\_ Judge/Referee: \_\_\_\_\_

Previous school and school district: \_\_\_\_\_

IEP/IFSP or 504 Plan:  Yes  No

**Medical provider and any medical special needs:**

**Behavior support needs:**

Please allow \_\_\_\_\_ to enroll the child in school and make school decisions.

Parent  Resource parent  Educational surrogate parent

Other (Name/role): \_\_\_\_\_

Name of resource parent or parent: \_\_\_\_\_

Student's address: \_\_\_\_\_

Keep address confidential

Physical address: \_\_\_\_\_

Mailing address same as physical address

Physical Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Other information and/or special instructions:**

**Individuals that shall not have contact with the student or safety concerns:**

As the caseworker for this child, I can be reached if there are any questions or concerns regarding the information provided.

	Phone	Email	Local office
Caseworker			
Supervisor			
Program manager			

Members of the child's team who might interact or pick up child at school (when applicable):

Name	Phone	Email
Resource parent		
Child's attorney		
CASA		
Independent Living Program caseworker		
IDD caseworker		
Tribe		
Transporter		

Name	Phone	Email
Other		

If the records request box is checked above, please send the following records to the ODHS Caseworker, per ORS 419B.443 to report to the court the following information:

- A list of all schools the child has attended and length of time the child has spent in each school since being in the guardianship or legal custody of ODHS.
- Grade level of the child's academic performance.
- Number of high school credits the child over the age of 14 has earned.
- Whether or not the child is in a special education program, and name of surrogate parent appointed, if applicable.
- Other

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